

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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21836 7590 03/07/2005

HENRICKS SLAVIN AND HOLMES LLP  
 SUITE 200  
 840 APOLLO STREET  
 EL SEGUNDO, CA 90245

04/21/2005 RFEKADU2 00000011 09709087

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Craig A. Slavin (Depositor's name)  
 (Signature)  
 April 17, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/709,087	11/10/2000	Thomas R. Jenkins	15916-275	3269

TITLE OF INVENTION: STEERABLE LOOP STRUCTURES FOR SUPPORTING DIAGNOSTIC AND THERAPEUTIC ELEMENTS IN CONTACT WITH BODY TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, DANIEL LEON	3742	604-095040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Henricks, Slavin  
 2. & Holmes LLP  
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc. Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date April 17, 2005

Typed or printed name \_\_\_\_\_

Craig A. Slavin

Registration No. 35,362

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**PATENT**

**Applicant:** Jenkins

**Serial No.:** 09/709,087

**Filing Date:** November 10, 2000

**Title:** Steerable Loop Structures For  
Supporting Diagnostic And Therapeutic  
Elements In Contact With Body Tissue

**Group Art Unit:** 3742

**Examiner:** Robinson

I certify that on 4/17/05, which is  
the date I am signing this certificate, this  
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Craig A. Slavin

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
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**Mail Stop – Issue Fee**

**ISSUE FEE TRANSMITTAL LETTER**

Sir:

We enclose a PTOL-85 (Issue Fee Transmittal), a Fee Address Indication Form  
and our check for \$1,400 for payment of the issue fee. Please note that the assignee,  
Scimed Life Systems, Inc., changed its name to Boston Scientific Scimed, Inc. effective  
January 1, 2005.

The Commissioner is hereby authorized to charge any additional fees which may  
be required, or credit any overpayment to Deposit Account No. 50-0638.

Respectfully submitted,

4/17/05  
Date

Craig A. Slavin  
Reg. No. 35,362  
Attorney for Applicant

**Henricks, Slavin & Holmes LLP**  
840 Apollo Street, Suite 200  
El Segundo, CA 90245  
(310) 563-1458  
(310) 563-1460 (Facsimile)